

Steps for Obtaining Class C Charter Certificate

Step 1: **Completion of Application for Certificate of Public Convenience and Necessity for Operation of a Motor Vehicle Carrier**

- A. Complete all sections of the application (Form C-AC)
- B. Provide all signatures as required
- C. Application must be notarized in appropriate areas
- D. If Applicant is incorporated, please attach Articles of Incorporation
- E. Mail completed application to:

**Public Service Commission
Docketing Department
Post Office Drawer 11649
Columbia, SC 29211**

F. Contact the Office of Regulatory Staff Transportation Department at 803/737-0800 with any questions regarding the Certification Process.

Step 2: **Applicant is assigned a Docket Number**

- A. Applicant will receive a letter from the Public Service Commission confirming receipt of the application and assigning a Public Service Commission Docket Number. This Docket Number may be used to track Application status on Public Service Commission website: www.psc.sc.gov

Step 3: **Public Service Commission Action**

- A. Public Service Commission may discuss and approve/deny Application during a regularly scheduled Public Service Commission meeting.
- B. Applicant will receive an Order approving/denying the application from the Public Service Commission.
- C. If approved, the Applicant has 60 days from date of the Order to comply with the rules and regulations of the Public Service Commission.

Step 4: **Compliance with Public Service Commission Rules and Regulations**

A. License Decals

- 1. Mail payment (cash, money order, certified or cashier's check) for license decals with completed license decal application to:

**Office of Regulatory Staff
Transportation Department
PO Box 11263
Columbia, SC 29211**

B. Proof of Insurance

- 1. Contact your insurance agent and request the insurance carrier complete and file the **Form E** (Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance). Insurance carrier must then file the Form E with ORS by:

- a. Faxing Form E to ORS at (803) 737-0801

- b. Mailing hardcopy of Form E to:
Office of Regulatory Staff
Transportation Department
PO Box 11263
Columbia, SC 29211

Step 5: **Issuance of Certificate**

- A. Applicant will receive a Certificate of Public Convenience and Necessity upon completion of Step 4.
- B. Operation without the Certificate of Public Convenience and Necessity is prohibited.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE _____, 20____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

2. (a) Street Address of Applicant _____

- (b) Mailing address, if different from street address _____

- (c) Telephone Number _____ SS No. _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: _____ **Year:** _____

| | |
|-------------------------------------|--|
| Assets: | |
| Cash | |
| Receivables | |
| Real Estate | |
| Buildings and Equipment-Net | |
| Motor Vehicles-Net | |
| Garage Equipment-Net | |
| Machinery and Tools-Net | |
| Supplies on Hand | |
| Prepays and Other Assets | |
| Total Assets | |
| Liabilities and Equity: | |
| Accounts Payable | |
| Notes Payable | |
| Mortgages Payable | |
| Equipment Obligations | |
| Accrued Salaries and Wages | |
| Other Accrued Obligations | |
| Other Liabilities | |
| Total Liabilities | |
| Capital Stock | |
| Retained Earnings | |
| Total Equity | |
| Total Liabilities and Equity | |

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, _____ , _____
 (Name of Applicant's Representative) (Title)

of _____, the Applicant for the Certificate of Public
 (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At _____]

This the _____ day of _____ 20 _____]

_____]

_____]

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant _____

For the transportation of passengers as follows:

Area to be served: _____

Number of passengers: _____

Fares : _____

=====

Date _____

By _____

Title

Rev.10/03

INSURANCE QUOTE

The following insurance quote is for:

(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

| | | |
|--------------------------|----------|------------------------------|
| 1 - 7 passengers | - | 25,000/50,000/10,000 |
| 8 – 15 passengers | - | 25,000/100,000/10,000 |

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

EXHIBIT FWA

Name: _____

Address: _____

Telephone No. _____ **Fax No.** _____

U.S.D.O.T. No. _____ **ICC No.** _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No _____ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____
2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No _____
3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No _____
(If "yes", indicate nature of judgment(s).
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes _____ No _____
5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes _____ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

(Applicant's Signature)

Sworn to before me

At _____

This _____ day of _____, 20____

(Notary Public)

Commission Expires: _____

June 10, 2002

In Re: New Definition of a Limousine

Dear Sir/Madam,

The new definition of a limousine is now officially the law. It reads as follows: A "Limousine" is a passenger carrier utilizing **luxury vehicles and/or vans** equipped to carry up to (15) passengers. A 'Limousine" includes **sport utility vehicles** and **town cars**.

The Public Service Commission of South Carolina is presently enforcing the special limousine license plate on luxury vehicles and vans. **Effective September 1, 2002**, we will begin enforcing the special limousine license plate for sport utility vehicles and town cars as well.

The following items must be provided in order to obtain the new plate:

- Payment of personal property taxes upon notice of the Renewal Notice/Tax Bill from the Office of County Treasurer.
- A copy of the Class C Charter Certificate Of Public Convenience And Necessity from the Transportation Department of the Public Service Commission stamped with the current date.
- A copy of the current vehicle registration
- Receipt of the \$49.00 license plate fee
-

The \$49.00 fee for the specialized plate includes the \$25.00 special fee and \$24.00 for the regular license plate fee. If eligible, the second year biennial fee for the regular license plate will be refunded.

Fees should be made payable to and sent to:
South Carolina Department of Public Safety
DMV Vehicle Registration Mail In Branch
P.O. Box 1498
Columbia, South Carolina 29216-0019

Any questions or comments concerning the Special Charter Limousine License Plate should be referred to the Department of Public Safety at (803) 737-4000.